

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	OS		
O.I.P.E. CLASSIFIER		10	9-7-01
FORMALITY REVIEW	BH	564	10/9/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	✓ 12/10/01
2	✓ 12/10/01
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	O
10	✓
11	✓
12	✓
13	O
14	O
15	O
16	O
17	O
18	O
19	O
20	O
21	O
22	O
23	O
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
51	✓ 12/10/01
52	✓
53	✓
54	O
55	O
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
62	✓
63	✓
64	✓
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80	-✓
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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